

IN THE UNITED STATE'S DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA
701 East Broad Street, Suite 3000
Richmond, Virginia 23219-3528

Queen Naja, Beneficiary of
Cestui Que Trust and Social Security Trust in the name
HERBERT WALKER PETERS,
Plaintiff,

Vs

HERBERT WALKER PETERS Social Security Trust
Defendant
AND

HERBERT WALKER PETERS Cestui Que Trust
Defendant

Case no. 3:21 cv 588

Complaint for Civil Action

In Rem Civil Action Case Proceedings- Revocation and Liquidation of Cestui Que Trust And
Social Securiry Trust

Parties

The Defendants, HERBERT WALKER PETERS Social Security Trust and HERBERT
WALKER PETERS Cestui Que Trust; and

The Plaintiff, Queen Naja, Beneficiary of said Trust(s);and

NOW COMES, the Queen Naja the Beneficiary who respectfully moves this Court for a
liquidation of the beneficial interest in the Social Security Trust and Cestui Que Trust Account
in the name HERBERT WALKER PETERS, Death certificate State file number 18-025288
with the Commonwealth of Virginia (a copy of death certificate copy is attached) for complete

distribution of beneficial interest of the Cestui Que Trust as agreed by the Beneficiary on the Certificate of Assignment of Beneficial Interest in Trust (See Attached copy); and

Jurisdiction

This court has in rem jurisdiction as it relates to the property of the HERBERT WALKER PETERS Social Security Trust of the federal jurisdiction backed by the HERBERT WALKER PETERS Cestui Que Trust (the "Trust").

Claim

Count 1.) There is a breach of fiduciary responsibilities for the Trust amongst the Trustees of the Cestui Que Trust and Social Security Trust for failing to notify the original beneficiary, Herbert W. Peters, prior to his death and his heirs of the Trust(s) existence.

Count 2.) The Trustees have failed to provide full disclosure to the Beneficiary of the Trust. Resulting to injuries whereby the beneficiary and heirs have not been able to gain access to any of the beneficial interest in the Trust.

Count 3.) The Creators and Trustees of the Trusts have abandoned their fiduciary duties and made themselves unknown and unavailable.

These Violations of State Laws Pursuant to Code of Virginia § 64.2-775. "Duty to inform and report- A. A trustee shall keep the qualified beneficiaries of the trust reasonably informed about the administration of the trust and of the material facts necessary for them to protect their interests. Unless unreasonable under the circumstances, a trustee shall promptly respond to a beneficiary's request for information related to the administration of the trust. A trustee who fails to furnish information to a beneficiary or respond to a request for information regarding the administration of the trust in a good faith belief that to do so would be unreasonable under the circumstances or contrary to the purposes of the settlor shall not be subject to removal or other sanctions therefor."

As it stands today the Herbert Walker Peters Cestui Que Trust and Social Security Trust was abandoned property until Queen Naja, Beneficiary and Heir has come forward to claim the Beneficial Interest of the said Trust.

Question

The question for the Court:

- Who is the Trustee?
- Who is responsible for notifying the Beneficiary of the Trusts existence?
- Who is responsible for administering the Trust to the Beneficiary?
- Why wasn't full disclosure provided to the Beneficiary about the Trust?
- What is required of the Beneficiary to ensure these Trusts are revoked and liquidated?

Prayer for Relief

WHEREFORE Plaintiff, hereby requests this Court enter a Judgement in favor of:

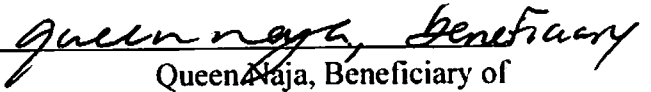
1. U.S. District Court Judge of the United States District Court, Eastern District of Virginia to operate as the Trust Protector of the Court for Herbert Walker Peters Social Security Trust and Herbert Walker Peters Cestui Que Trust, with the power of Attorney in Fact to and remove any Trustee and assign honorable Trustees to administer the Trusts, and contact all Parties of both Trusts and start the revocation and liquidation process and ensure the beneficial interest is properly transferred to the Queens Equity Private Trust in accordance with Virginia Code Chapter 14. Fiduciaries Generally, Article 1 and 2 and any other governing laws of the Commonwealth and Federal laws; and to revoke, liquidate, dissolve and **TERMINATE** the Cestui Que Vie Trust and Social Security Trust from any further use immediately as it will serve no purpose to the beneficiary.
2. The Beneficial Interest Holder, Queen Naja, (the "Beneficiary") of the Death Certificate and said Trusts has assigned (100%) of her beneficial interest to Queens Equity Private Trust and the equity has been accepted by the Trustee (See attached certificate); and

3. It is requested that this Court accepts for value any and all invoices, promissory notes, bills and charges discovered and presented to the Court for satisfaction and **SETTLEMENT**; and
4. Attached the Court will find the Certificate of Trust, first page of Declaration of Trust and Signature Pages of the Queens Equity Private Trust, therefore;
5. A full accounting of all securities and assets of the Herbert Walker Peters Cestui Que Trust and Social Security Trust is requested and placed on an encrypted CD- Drive, password protected and provided to Queen Naja, Trustee for the Queens Equity Private Trust.
6. A custodial account with the Court is requested for all monies to be made available to the Trustee of the Queens Equity Private Trust immediately as assets are liquidated and funds are deposited.
7. A zero balance checking account and debit card made available within seven (7) days of acceptance of this Complaint for food, clothing, housing, transportation, healthcare and education expenses for the beneficiaries.
8. The Court may receive “reasonable compensation” for administration of the Trust.
9. Such other and further relief as this Court may deem just and proper.

Order for the Court:

This ORDER is hereby given and concurred with the District Court Judge. That the District Court Judge is to have the court contact all of the required parties from all Trusts to meet with Queen Naja, Trustee for Queens Equity Private Trust and start the Liquidation/Settlement process of these Trust matters within the next 3 days after receipt acceptance of this Complaint.

Date: September 9, 2021


Queen Naja, Beneficiary of
HERBERT WALKER PETERS (Trusts)
3816 Armory Lane
York, Pennsylvania 17408
Tel: 267-521-1533
Email: queensequity@protonmail.com

CC'D:

Queen Naja, Trustee
Queens Equity Private Trust
2159 White Street
Suite 3-269
York, Pennsylvania 17404
Tel: 267-521-1533
Email: Queensequity@protonmail.com

IN THE UNITED STATE'S DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA
701 East Broad Street, Suite 3000
Richmond, Virginia 23219-3528

Queen Naja, Beneficiary of
Cestui Que Trust and Social Security Trust in the name
HERBERT WALKER PETERS,
Plaintiff,

Vs

HERBERT WALKER PETERS Social Security Trust
Defendant
AND

HERBERT WALKER PETERS Cestui Que Trust
Defendant

Case no. _____

ORDER

AND NOW, this _____ day of _____, _____, upon consideration of the
Complaint for Civil Action, and any response thereto, it is ORDERED and DECREED that said
Motion is _____.

BY THE COURT:

J.

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Queen Naja, Beneficiary of HERBERT WALKER

PFTFRS Cestui Que and Social Security Trust

(b) County of Residence of First Listed Plaintiff York, PA

(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

DEFENDANTS

HERBERT WALKER PETERS Cestui Que and Social

Security Trust

County of Residence of First Listed Defendant Petersburg

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability LABOR <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other INTELLECTUAL PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016 SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692) <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input checked="" type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement		

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

42:1983 Civil Rights Act

VI. CAUSE OF ACTION

Brief description of cause:

Breach of Fiduciary Duties

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE: David NovakDOCKET NUMBER 3:21cv00361

DATE

9-8-2021

SIGNATURE OF ATTORNEY OF RECORD

Queen Naja, Beneficiary

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

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Plaintiff,

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HERBERT WALKER PETERS Social Security Trust
Defendant
AND

HERBERT WALKER PETERS Cestui Que Trust
Defendant


Case no. _____

MOTION FOR ACCEPTANCE AND EXECUTION

To the Court,

The Plaintiff moves this Court to accept the attached Certificate of Assignment of Beneficial Interest in Trust ("Certificate"), and ensure all charges, promissory notes and debts against the estate are accepted for value, settled and the enforcement of the terms of the accepted Certificate for the liquidity of the Herbert Walker Peters Social Security Trust and Herbert Walker Peters Cestui Que Trust on behalf of the beneficiary is honored.

Date: September 9, 2021.



Queen Naja, beneficiary of
HERBERT W. PETERS (TRUSTS)

3816 Armory Lane
York, PA 17408

Email: queensequity@protonmail.com

Tel: 267-521-1533

IN THE UNITED STATE'S DISTRICT COURT
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Queen Naja, Beneficiary of
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HERBERT WALKER PETERS,
Plaintiff,

Vs

HERBERT WALKER PETERS Social Security Trust
Defendant
AND

HERBERT WALKER PETERS Cestui Que Trust
Defendant

Case no. _____

ORDER

AND NOW, this _____ day of _____, _____, upon consideration of the
Motion for Acceptance and Execution, and any response thereto, it is ORDERED and
DECREED that said Motion is _____.

BY THE COURT:

J.

CERTIFICATE OF ASSIGNMENT OF BENEFICIAL INTEREST IN TRUSTS

THIS ASSIGNMENT is made this 8th day of September, 2021, by **Queen Naja**, whose address is 3816 Armory Lane, York, Pennsylvania 17408, USA (hereinafter referred to as "Assignor"), to **QUEENS EQUITY PRIVATE TRUST**, whose mailing address is 2159 White Street, Suite 3-269, York, Pennsylvania 17404, USA, (hereinafter referred to as "Assignee").

WITNESSETH:

WHEREAS, the Assignor is a natural person, alien, and beneficiary of the Cestui Que Trust Account in the name, **HERBERT WALKER PETERS** ("entity"), of a Commonwealth of Virginia, Death Certificate state file number 18-025288, created by the Commonwealth of Virginia, by instrument dated May 11th, 2018; and **HERBERT WALKER PETERS** Social Security Trust Account (number 231-42-9184) and

WHEREAS, the Assignor desires a complete liquidation of beneficial interest in both Trust(s) and assignment of one hundred (100%) of the beneficial interest to the Assignee, **QUEENS EQUITY PRIVATE TRUST** after any existing liabilities have been accepted for its value and settled; and

WHEREAS, **QUEENS EQUITY PRIVATE TRUST**, does not prohibit such assignment;

NOW, THEREFORE, for valuable consideration, the receipt of which is hereby acknowledged, the Assignor hereby grants and conveys all of right, title and beneficial interest to the Assignee and all Assignor's interest as a beneficiary of the **HERBERT WALKER PETERS** Cestui Que Trust and **HERBERT WALKER PETERS** Social Security Trust, including the *par value* of all monies due or to become due to the Assignor there under; and

The Assignor authorizes the Public Officials of the Court to act as Trustee, to execute his or her fiduciary duties as it pertains to the stated **HERBERT WALKER PETERS** Trust(s), to pay directly to the Assignee all monies or other benefits representing, or arising from, the interest assigned hereby within (14) calendar days of receipt of this Certificate or within (3) business days provide notice to the beneficiary reason for any delay.

The Assignor Hereby irrevocable constitute and appoint;
The United States District Court, Eastern District of Virginia, Judges, representatives, successors or assigns as, the Trust Protector and Attorney-in-fact to have the power to remove and appoint Trustees and transfer the securities on the the books of the within the named Trust(s) accounts and administer the, **HERBERT WALKER PETERS** Cestui Que Trust and Social Security Trust, with full power to liquidate securities on behalf of the beneficiary and transfer equity to the **QUEENS EQUITY PRIVATE TRUST**, and said judge is given the power and shall be responsible for accepting the value of any bills and liabilities for satisfaction and settlement and the power to enforce of the liquidation of the aforementioned **HERBERT WALKER PETERS** Trust(s) accounts.

The holder of this Certificate, by virtue of his or her fiduciary duties and acceptance hereof, assents to and shall be bound by the orders and commands of the Beneficiary and any failure to perform will commence a legal and equitable suit unless otherwise prohibited by law.

IN WITNESS WHEREOF, the Assignor has executed this assignment the day and year first above written.

Signed, sealed and delivered in the presence of:

Linda S. Mont
WITNESS

Queen Naja
Queen Naja (Beneficiary) for, HERBERT
WALKER PETERS Cestui Que Trust and
HERBERT WALKER PETERS Social
Security Trust, Assignor

Accepted by: QUEENS EQUITY PRIVATE TRUST, Assignee

Signature: *Queen Naja, trustee*
Queen Naja, Trustee

ACKNOWLEDGEMENT

Commonwealth of Pennsylvania}

County of York }

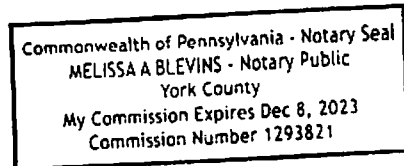
Before me, a Notary Public, on this day personally appeared Queen Naja, known to me to be the person whose name is subscribed to the foregoing instrument as Beneficiary and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this 8 day of September, 2021.

Melissa A. Blevis

Notary Public

My commission expires December 8, 2023



ACKNOWLEDGEMENT

Commonwealth of Pennsylvania}

County of York }

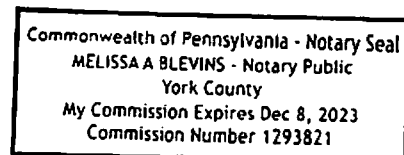
Before me, a Notary Public, on this day personally appeared Queen Naja, known to me to be the person whose name is subscribed to the foregoing instrument as TRUSTEE and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this 8 day of September, 2021.

Melissa A. Blevis

Notary Public

My commission expires December 8, 2023



VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

2438551 COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

1. FULL NAME OF DECEDENT (first) HERBERT		(middle) W		(last) PETERS		DATE RECORD FILED MAY 11, 2018		STATE FILE NUMBER 18-025288	
2. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NOT DETERMINED		3. DATE OF DEATH MAY 5, 2018		4. DATE OF BIRTH JULY 25, 1934		5. AGE Years 83		IF UNDER 1 YEAR Months Days Hours Minutes	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		7. BIRTHPLACE (U.S. STATE OR FOREIGN COUNTRY) VIRGINIA		8. SOCIAL SECURITY NUMBER 231 - 42 - 9184		9. IF NO SSN, CHECK APPROPRIATE BOX <input type="checkbox"/> NONE <input type="checkbox"/> NOT OBTAINABLE <input type="checkbox"/> UNKNOWN			
9. STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.) 25804 FRANKLIN ST				10. CITY OR TOWN OF RESIDENCE PETERSBURG				INSIDE CITY OR TOWN LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank)				12. U.S. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE VIRGINIA				12a. ZIP CODE 23803	
13. RACE OF DECEDENT (CHECK ONE OR MORE) <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> FILIPINO <input type="checkbox"/> KOREAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE (SPECIFY) <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> JAPANESE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (SPECIFY)									
14. DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NON-HISPANIC <input type="checkbox"/> CENTRAL OR SOUTH AMERICAN <input type="checkbox"/> CUBAN <input type="checkbox"/> MEXICAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN									
15. EDUCATION (HIGHEST GRADE COMPLETED) <input type="checkbox"/> ELEMENTARY/SECONDARY (0-12) <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED <input checked="" type="checkbox"/> YEARS OF COLLEGE 3 <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTORATE/PROFESSIONAL DEGREE <input type="checkbox"/> UNKNOWN									
16. CITIZEN OF WHAT COUNTRY UNITED STATES OF AMERICA				17. USUAL OR LAST OCCUPATION SALESMAN		18. KIND OF BUSINESS OR INDUSTRY INSURANCE			
19. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN				20. IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) JEAN MALLORY PETERS					
21. FULL NAME OF DECEDENT'S FATHER OR PARENT II (first, middle, last, suffix) (maiden name, if any) HERBERT LEE PETERS				21a. GENDER MALE		22. FULL NAME OF DECEDENT'S MOTHER OR PARENT I (first, middle, last, suffix) (maiden name, if any) LOYD MARIE WALKER			
23. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION SPOUSE				24. FULL NAME OF INFORMANT OR NAME OF SOURCE JEAN MALLORY PETERS					
25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) SOUTHSIDE REGIONAL MEDICAL CENTER								25a. SELECT ONE IF DEATH OCCURRED IN HOSPITAL DOA <input type="checkbox"/> OUT PAT. EMER RM <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/>	
26. SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> NURSING HOME <input type="checkbox"/> LONG TERM CARE FACILITY <input type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> CORRECTIONAL FACILITY <input type="checkbox"/> OTHER (SPECIFY)									
27. CITY OR TOWN OF DEATH PETERSBURG		28. STREET ADDRESS OR ST. NO. OF PLACE OF DEATH 200 MEDICAL PARK BOULEVARD				28a. ZIP CODE 23805		28b. COUNTY OF DEATH (if independent city, leave blank)	
29. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> ENTOMBMENT / MAUSOLEUM <input checked="" type="checkbox"/> CREMATION / INCINERATION <input type="checkbox"/> CREMATION WITH BURIAL <input type="checkbox"/> CREMATION WITH ENTOMBMENT / MAUSOLEUM <input type="checkbox"/> BURIAL AT SEA <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> REMOVAL FROM STATE (IF KNOWN, PLEASE ALSO CHECK FINAL METHOD OF DISPOSITION WHEN REMOVING FROM STATE, FROM OPTIONS SHOWN)									
30. PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY WINDSOR CREMATORY									
31. PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORY 410 WINDSOR AVE.				31a. CITY / COUNTY LAWRENCEVILLE		31b. STATE VIRGINIA		31c. ZIP CODE 23868	
32. SIGNATURE OF FUNERAL DIRECTOR / LICENSEE, VSAP OR NEXT OF KIN (ACTUAL SIGNATURE) /S/ SHELTON WAYNE SMITH				32a. LICENSEE'S NO. 0502870013		32b. NAME OF FUNERAL HOME OR FACILITY JAMES M. WILKERSON FUNERAL ESTABLISHMENT, INC.			
33. NAME OF FUNERAL DIRECTOR / LICENSEE, VSAP OR NEXT OF KIN SHELTON WAYNE SMITH				33a. STREET ADDRESS OF FUNERAL HOME / FACILITY, VSAP OR NEXT OF KIN (include street address, city, state and zip code) 102 SOUTH AVENUE PETERSBURG VIRGINIA 23803					
34. TIME OF DEATH: To the best of my knowledge, death occurred at <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> ACTUAL <input type="checkbox"/> APPROXIMATE <input type="checkbox"/> PRESUMED <input type="checkbox"/> FOUND									
35. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death) (A) SEPTIC SHOCK Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated event resulting in death) LAST ACUTE RENAL FAILURE C-DIFFICILE COLITIS								INTERVAL BETWEEN ONSET AND DEATH	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.									
36. WAS THE MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		36b. WERE FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> POSSIBLY <input checked="" type="checkbox"/> UNKNOWN			
38. IF FEMALE: <input type="checkbox"/> PREGNANT AT TIME OF DEATH <input type="checkbox"/> UNKNOWN IF PREGNANT WITHIN THE PAST YEAR <input type="checkbox"/> NOT PREGNANT, BUT PREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> NOT PREGNANT WITHIN PAST YEAR <input type="checkbox"/> NOT PREGNANT, BUT PREGNANT WITHIN 43 DAYS TO 1 YEAR BEFORE DEATH <input type="checkbox"/> NOT APPLICABLE (if decedent's age is 0-5 or 75 years)									
39. IF EXTERNAL, TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH? <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTRIBUTING				40. WAS THIS A MILITARY DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		40a. IF MILITARY DEATH, SELECT MANNER OF DEATH NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>			
ITEMS 41 TO 47 IN THIS SECTION SHOULD ONLY BE COMPLETED FOR MILITARY DEATHS									
41. DATE OF INJURY		42. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		43. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		44. PLACE OF INJURY (home, farm, factory, street, office, bldg, etc.)			
45. LOCATION OF INJURY-STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.)				45a. CITY / COUNTY		45b. STATE		45c. ZIP CODE	
46. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> DRIVER/OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER (SPECIFY)									
47. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED									
48. SIGNATURE OF PERSON COMPLETING THE CAUSE OF DEATH /S/ RAPHAEL AGADA				48a. TITLE <input checked="" type="checkbox"/> MEDICAL DOCTOR <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> DOCTOR OF OSTEOPATHY (D.O.) <input type="checkbox"/> NURSE PRACTITIONER <input type="checkbox"/> OTHER		48b. DATE SIGNED MAY 10, 2018			
49. NAME OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH RAPHAEL AGADA				49a. ADDRESS OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH 3611 BOULEVARD COLONIAL HEIGHTS VIRGINIA 23834		49b. MEDICAL LICENSE NO. 0101840582			
50. ARE YOU A DESIGNEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		51. IF YES, PLEASE PROVIDE THE NAME OF AUTHORIZING OR ABSENT PHYSICIAN				51a. ADDRESS OF AUTHORIZING PHYSICIAN			

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department of Health, Richmond, Virginia

DATE ISSUED

JULY 20, 2020

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner Section 32.1-272, Code of Virginia, as amended.

VS 150

Janet M. Rainey
Janet M. Rainey, State Registrar

QUEENS EQUITY PRIVATE TRUST®

CERTIFICATE OF TRUST

1. The names and addresses of the currently acting Trustees of the Trust are as follows:

QUEEN NAJA
3816 ARMORY LANE
YORK, PENNSYLVANIA 17408

2. The Trust is currently in full force and effect.
3. Attached to this Certificate of Trust and incorporated into it are the selected provisions of the Trust evidencing the following:
- a. First page of the Trust: Appointment of Trustees;
 - b. Last pages of the Trust: Signature pages; and
 - c. Letter of Introduction for Trustees to Banking officers
4. The Trust provisions not attached to this Certificate of Trust are of a private, non-negotiable nature, and set forth the distribution of the trust res. They do not modify the general financial powers of the Trustees.
5. The Signatories of this Certificate of Trust are currently the acting Trustees of the Trust and declare that the foregoing statements and the attached Trust provisions are true, correct and complete under penalty of perjury under the laws of the United States of America.
6. This Certificate of Trust is dated this 4th day of August 2021.

Queen Naja, Trustee
QUEEN NAJA, Trustee

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF Pennsylvania
COUNTY OF York

On August 14th 2021 before me, Dawn M. Sheetz Notary Public personally appeared QUEEN NAJA, who proved to me on the basis of satisfactory evidence to be the person whose names is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of Pennsylvania that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Dawn M. Sheetz
NOTARY PUBLIC

My commission expires: 11/20/2023

(SEAL)

Commonwealth of Pennsylvania - Notary Seal
Dawn M. Sheetz, Notary Public
York County
My commission expires: November 20, 2023
Commission number: 1293049

Declaration
and
Indenture Contract
of An
Irrevocable Express
TRUST

THIS INSTRUMENT IS TO BE
INTERPRETED AND EXECUTED
UNDER AMERICAN LAW OF
CONTRACTS, WITH THE ORIGINAL
SITUS IN:

United States of America

THIS TRUST INDENTURE
AUTHORIZES ITS TRUSTEE(S) TO
PERFORM
UNDER THE NAME OF:

QUEENS EQUITY PRIVATE TRUST.®

QUEENS EQUITY PRIVATE TRUST©

Acceptance Of Trustee; Governing Authority; Severability

Acceptance of Trustee. Effective upon the execution of this Trust, the Trustees, **QUEEN NAJA**, accepts the Trust Agreement created hereunder and agrees to be bound by all of the terms set forth herein and to hold the Trust property in Trust. The Trustees shall not have any duty to inquire into the administration of the distributions to any Beneficiary after received or actions that have been taken by any prior Trustee, if assigned.

Governing Authority. This Trust Agreement creating **QUEENS EQUITY PRIVATE TRUST**, has been accepted in its entirety on **August 4, 2021** and will be administered in the **STATE OF CALIFORNIA**. The laws of that state thereunder shall govern its validity, construction and all rights, provided, however, the Trustee, by written instrument filed with the trust records, may elect to change the situs and governing law of the trust to either the domicile of the Trustee or the state where the principal assets of the trust are located.

Severability: If any provision of this trust agreement should be invalid or unenforceable, the remaining provisions thereof shall continue to be fully effective.

In witness whereof, Trustor and Trustees have executed this agreement in Fresno County, California on the day and year first above written.

TRUSTEE: QUEEN NAJA

Queen Naja, Trustee

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF Pennsylvania
COUNTY OF York

On August 14th 2021 before me, Dawn M. Sheetz Notary Public personally appeared **QUEEN NAJA**, who proved to me on the basis of satisfactory evidence to be the person whose names is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of Pennsylvania that the foregoing paragraph is true and correct.

Dawn M. Sheetz
NOTARY PUBLIC
My commission expires: 11/20/2023

(SEAL)

Commonwealth of Pennsylvania - Notary Seal
Dawn M. Sheetz, Notary Public
York County
My commission expires November 20, 2023
C. Sheetz and Associates, LLC 1207019

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